

Drywood Termite Service Plan

Amount Sequence Number RECEIVED AT COMPLETION Amount Deposit Number Account Number	THIS CONTRACT PROVIDES FOR RETREATMENT OF DOES NOT PROVIDE FOR THE REPAIR OF DAMAGES CATERMITES OR OTHER WOOD DESTROYING ORGANISMS.	AUSED BY DRYWOOD
Purchaser DICUNUSA Mailing Address Po Box 96	Home Phone Work Phone State PK	Zip Code <u>30903</u>
	righed City 57 John State VI	Zip Code CO830
Description of Structure(s) Covered	proiture Buffet table Email Add	ress D.0.5.6514
other service(s) to control or protect th	ment and for one year thereafter, for the sum of \$\frac{125}{25}_{\text{new}}\$, Terminix we he identified property against drywood termites (Kalotermes spp., Incisitermes spirits subterranean termites (Reticulitermes spp., Heterotermes spp.) or against form	op., Cryptotermes spp.). This
Terminix will extend protection annually to the Purchaser for so long as he or she may own the property for \$		
During the term of this Plan, any further treatment found necessary will be performed free of charge. Terminix will reinspect the identified property at any time the Purchaser requests it, if Terminix believes it necessary, or as otherwise required by state law. DUE TO THE NATURE OF CONSTRUCTION, THE EXTENT OF EXISTING TERMITE DAMAGE, THE DEGREE OF TERMITE ACTIVITY, AND/OR APPLICATION RESTRICTIONS, THIS AGREEMENT DOES NOT GUARANTEE AGAINST PRESENT OR FUTURE DAMAGE TO PROPERTY OR CONTENTS, NOR PROVIDE FOR REPAIRS OR COMPENSATION THEREOF.		
The initial treatment will occur within 30 days of the date of the contract and be completed as set forth herein. In the event of additions or alterations to the identified property, Purchaser must give prior notice and arrange with Terminix for additional service at the expense of Purchaser. Such additions or alterations may also require an adjustment to the annual extension charge.		
Upon transfer of ownership of the iden	ntified property, this Plan may be continued upon the terms & conditions on the re	verse side.
	ATTACHED HERETO, INCLUDING THE MANDATORY ARBITRATION HE REVERSE SIDE AND THE INSPECTION GRAPH DATED	AGREEMENT AND THE ARE PART OF
Terminix has provided the Purchaser w will be used to treat the above-named p	with a copy of the manufacturer's specimen label or other state required document property.	s for the termiticide (s) which Purchaser's Indials
NOTICE: YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.		
In the event you have any quest (1-800-835-5869).	tions or complaints, you may contact a Terminix representative by	1 - 1 - 1
Purchaser	7 <i>Q</i>	Date 6/5/2014
Terminix Representative Signature	The Mand	Date 6/5/14
Terminix Representative (print name)	2 3 3 mm	Date _ 6/5/14
A !	Telephone .	77 4433 Zip Code COSO2
City_SI homas	State V/	Zip Code

www.terminix.com
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